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**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
Substitute for Form PTO-1360
(For use with Form PTO/SB/06)

Application Number

101572, 289

Filing Date

Applicant(s)

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments					
	Indep	Depend	Indep	Depend	Indep	Depend						
1	1		1		1		51					
2		1		1		1	52					
3		1		1		1	53					
4		1		1		1	54					
5		1		1		1	55					
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7		1		1		1	57					
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48							98					
49							99					
50							100					
Total Indep	1		1		1		Total Indep					
Total Depend	13		9		9		Total Depend					
Total Claims	14		10		10		Total Claims					

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